



## TEXAS FPM CERTIFICATE REPLACEMENT REQUEST

TEXAS DEPARTMENT OF HEALTH  
RETAIL FOODS DIVISION  
FOOD PROTECTION MANAGEMENT (FPM) PROGRAM

FAX or Mail to: Texas Dept. of Health, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756-3182, FAX (512) 719-0262. A certificate verification letter will be sent to the address below. **THE LETTER YOU RECEIVE WILL BE YOUR OFFICIAL REPLACEMENT CERTIFICATE.**

**PLEASE FILL OUT FORM BELOW AND PRINT**

1. Name: \_\_\_\_\_  
Last First MI Social Security Number
2. Mailing Address: \_\_\_\_\_  
Street City State Zip Code
3. Daytime Telephone: \_\_\_\_\_ 4. Date of Training: \_\_\_\_\_  
Area Code Number Day Month Year
5. FPM School Attended: \_\_\_\_\_  
Name of School City State

**AFFIDAVIT:** *I hereby certify that the information given above is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date